

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551842

FILING DATE

10-3-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2			1			
3	2		2			
4	2		2			
5			5			
6			2			
7			2			
8			2			
9	1		1			
10	1		1			
11			1			
12	1		1			
13	1		1			
14	1		1			
15			1			
16			1			
17						
18						
19						
20						
21	17		17			
22	12		12			
23	1		1			
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48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			40			
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						